

PCMH Quality Metrics Subcommittee
Meeting Summary
October 14, 2015

Attendees

Dr. Rob Stenger, Providence Health System
Tara Callaghan, Providence Health System
Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics
Kristen Pete, Glacier Medical Associates
Jan Bechtold, Billings Clinic
Kelly Tiensvold, Kalispell Regional Medical Center
Vicki Thusen, Montana Migrant Council
Rocio Martinez, MT Migrant Council
Paula Block, MPCA
Lisa Underwood, MPCA
Jaclyn Kincaid, MPCA
Anna Buckner, Montana Medicaid
Mary LeMieux, Montana Medicaid
Kelley Gobbs, Montana Medicaid
Todd Harwell, MT DPHHS- Public Health and Safety Division Administrator
Kathy Myers, MT DPHHS- Chronic Disease Prevention and Health Promotion Bureau
Heather Zimmerman, MT DPHHS- Coordinated Chronic Disease Program
Dorota Carpenendo, MT DPHHS- Diabetes Program
Carrie Oser, MT DPHHS- Cardiovascular Health Program
Patty Kosednar, Health Technology Services
Dr. Pat Morrow, BCBS of MT
Dr. Nancy McCall, Mathematica

CSI Staff

Amanda Roccabruna Eby
Catherine Wright

Prior to the meeting, consultants at Mathematica reviewed the latest version of the complete draft guidance packet and provided feedback to CSI, with comments on each part of the packet. Nancy McCall of Mathematica was on the phone for the meeting and explained each of her comments to the group, which were highlighted in a track changes document that was distributed before the meeting. Nancy organized her feedback by going through each measure.

Hypertension

Nancy recommended highlighting the extra preventive/wellness visit encounter codes that were added to the guidance since they were not included in 2015. Clinics should be made aware of the addition. There was some confusion on whether the new codes were all appropriate for the age range of the measure, but it was confirmed that they were all for patients 18 and older. This applies to all the measures and the stakeholders agreed.

Diabetes

Nancy pointed out that the language for the denominator in the A1c measure was different in the Reporting Form than in the Reporting Guidance. Amanda will change the Reporting Form to match the

Reporting Guidance because it is the correct document since it was created based on the PQRS specifications. Mathematica also recommended a new structure for the wording in the numerator instructions for the guidance which breaks out more clearly the three types of criteria for including a patient in the numerator. Stakeholders agreed with the edits.

Epidemiologists from DPHHS suggested changing the dash in 18-75 to “through” to be consistent with the language in the other documents. They also requested changing the measure title in the Patient-Level Data Elements Table to match the Guidance title. Diabetes should read: “Diabetes Hemoglobin A1c Poor Control” on each document for consistency.

Tobacco

Nancy pointed out that similar to the diabetes measure, the language for the denominator for tobacco was different in the Reporting Form than in the Reporting Guidance. Amanda will change the Reporting Form to match the Reporting Guidance because it is the correct documents since it was created based on the PQRS specifications. The epidemiologists found that “and intervention” needed to be added to the measure title on the Patient-Level Data Elements Table.

Immunizations

Mathematica recommended providing further clarification to direct clinics not to include medical contraindication patients in the numerator or denominator but to include refusal patients. After some discussion, attendees were able to resolve the confusion of the issue by opting to remove the “Note” below “Report” in the Guidance and instead adding this language below the denominator description: “Patient is ONLY excluded from the denominator if they have a medical contraindication to any of the immunizations. Patients who refused an immunization are included in the denominator.” It would be too difficult for clinics technologically to remove medical contraindications from individual immunizations.

They asked about including Rotovirus but attendees agreed that it is not appropriate to include since there is not catch-up schedule for it and it is not required for school entry.

Depression

To be consistent with the requirements of the other measures, “with a visit during the measurement period” needed to be added to the denominator on both the Reporting Form and the Guidance. Stakeholders agreed that the “Please Note” section was very confusing and agreed to clarify it by removing the second sentence and keeping the first.

There was significant discussion about the confusion and electronic system difficulty of the patient exclusions in the denominator. Attendees discussed potentially removing the last three exclusions in the list because they are more difficult to find in an EMR than specific diagnoses of Depression and Bipolar Disorder. That is how the CHCs track depression screening. Nancy offered to consult with her colleague on suggestions for the issue and Amanda would reach out to clinics to find out how they were already handling the patient exclusions for PQRS reporting.

Epidemiologists from DPHHS had a few additional edits that simply cleaned up inconsistent wording in the packet. CSI would make all of the edits discussed in the meeting that day and have a revised version ready for the subcommittee to review and finalize for recommendation to the council at their next meeting. **Due the Veterans Day holiday, the next meeting was rescheduled to November 12th at 11:00 am.**